



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Alfred E. Mann et al.	)	
Serial No.:	10/062,838	)	Group Art Unit: 3763
Filed:	January 31, 2002	)	Examiner: Ann Y. Lam
Title:	EXTERNAL INFUSION DEVICE WITH REMOTE PROGRAMMING, BOLUS ESTIMATOR AND/OR VIBRATION ALARM CAPABILITIES	)	

**RESPONSE TO RESTRICTION REQUIREMENT**

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement dated October 8, 2003, in connection with the above-identified application, please enter and consider the following amendments and remarks.


I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.

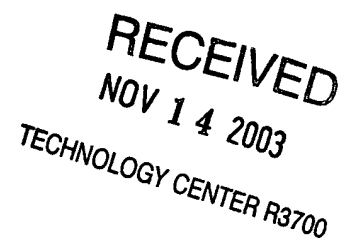
November 6, 2003

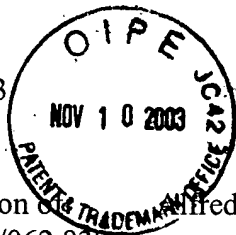
Date of Deposit

Vivian S. Shin, Reg. No. 43,919

Name

  
Signature





In re the application of E. Mann et al.

Serial No.: 10/062,838

Filed: January 31, 2002

For: EXTERNAL INFUSION DEVICE WITH REMOTE PROGRAMMING, BOLUS ESTIMATOR  
AND/OR VIBRATION ALARM CAPABILITIES

Mail Stop Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response to Restriction Requirement in the above-identified application; and  
Return postcard.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN A SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR EXTRA	PRESENT RATE	ADDIT. FEE	ADDIT. FEE
TOTAL	12 MINUS 40 = -0-		x 9 \$	OR	x 18 \$-0-
INDEP CLAIMS	1 MINUS 4 = -0-		x 42 \$	OR	x 84 \$-0-
[ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ 140 \$	OR	+ 280 \$
			TOTAL \$	OR	TOTAL \$-0-

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

[ ] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No.

[ ] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

[ ] Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Vivian S. Shin

Registration No. 43,919

MEDTRONIC MINIMED, INC.

18000 Devonshire Street

Northridge, CA 91325-1219

Telephone (818) 576-5291

Facsimile (818) 576-6202